APPLICATION FOR CALIFORNIA EPIDEMIOLOGIC INVESTIGATION SERVICE (Cal-EIS) TRAINING

Please PRINT or TYPE all responses, then sign and date on the next page. In addition, attach a typewritten Statement of Purpose (see item 17). For items 11-16, if your curriculum vitae (C.V.) contains the requested information, attach your C.V. and write "see attached C.V." in the blank space(s).

1. NAME:	Last	First	M	iddle	2.	SOCIAL SECURITY NUM	MBER	
0 ADDDECO: (Charat O') Otata 71D)						DIDTUD ATE		
3. ADDRESS: (Street, City, State, ZIP)						BIRTHDATE		
						month	day year	
5. TELEP	HONE:	6. ARE YO	6. ARE YOU A U.S. CITIZEN?		7.	IF NON-U.S. CITIZEN, S	PECIFY CITIZENSHIP	
Home:			☐ Yes ☐ No			OR TYPE OF VISA		
Work:		∐ Ye	s 🗀	No				
E-mail:								
8. IF YOU HOLD A CALIFORNIA PROFESSIONAL LICENSE						IN WHAT OTHER STATE	S ARE YOU	
(e.g. IN NURSING OR IN VETERINARY MEDICINE),					LICENSED? (INCLUDE DATES)			
PLEASE GIVE THE FOLLOWING INFORMATION.								
	- · ·					STATE	DATE	
LICENSE 1	YPE:					1		
LICENSE N	JUMBER:	FX	PIRATION	J		1		
LICENSE NUMBER:EXPIRATION			'		2			
10. PLEAS	E RATE THE F	OLLOWING POS	SIBLE GE	OGRAPHIC L	OCA	TION FOR YOUR FELLO	WSHIP PLACEMENT	
	THE FOLLOW		. ACCEPTABLE					
SO. CALIFORNIA CENTRAL CALIFORNIA SAN FRANCISCO AREA SACRAMENTO AREA NO. CALIFORNIA								
11. EDUCATION, INTERNSHIPS, RESIDENCIES. Have official transcripts of your graduate (post-baccalaureate)								
educati	ion mailed to the	e program at the a	address on	the next pag	e. Si	ummarize your undergrad	uate education,	
				ere. Attach a MAJOF		onal pages of a C.V. if nec		
NAMES AND LOCATIONS OF SCHOOLS OR INSTITUTIONS ATTENDED					₹	DIPLOMA OR DEGREE	DATE OF COMPLETION	
12. EXPERIENCE RECORD: List chronologically all experience in Medicine, Public Health, or related fields excluding								
interns	hip and residend	cies (but including	periods of	f private pract	ice a	nd military service). The		
should appear first. Attach additional pages or a C.V. if necessary DATES NAME AND ADDRESS OF EMPLOYER								
	ATES	NAME AND A	DDRESS	OF EMPLOY	ER	DESCRIPTION OF L	DUTIES OR POSTION	
FROM	TO							

13. MEMBERSHIP IN PROFES	14. HONORS, PRIZES, AWARDS:					
15. PUBLICATION(S):						
Recommendation to the pro	nat three persons, including at least one health gram at the address below. (For example, if y endation from another veterinarian.) List your	ou are a veterinarian, you must have at				
NAME	OCCUPATION AND TITLE	INSTITUTION AND TELEPHONE				
Purpose which gives your re EIS). The ADVISORY COM	E: Please attach a one page, typewritten (one easons for wanting to participate in the Califorr MMITTEE CONSIDERS THIS TO BE A CRUCI onal training program plans and any other informations.	nia Epidemiologic Investigation Service (Cal- AL PART OF YOUR APPLICATION.				
	uired before a final decision can be made. Afte	er your application has been reviewed, we				
will notify you if you are elig NOTICE TO APPLICANTS:	ible for an interview.					
The information requested on this form Department's California Epidemiologic I select candidates for inclusion into the t	is required by the State Department of Health Services to investigation Service (Cal-EIS) program. The information raining program. Participation in this Fellowship program of forms. If you do not provide this information, admission in	will also be used by the Cal-EIS Advisory Committee to s voluntary. If you choose to participate, you are				
Advisory Committee and institutions for process will be allowed access. If you	e used by the State Department of Health Services or tran mally participating in the training program. Candidates and wish to review these records, contact Mr. D.L. Gunter, at the exted or amended to make them accurate, relevant, and con-	d authorized personnel directly involved in the selection he address below. After reviewing your records, you				
Authority for this program is found in Health and Safety Code, Sections 211, 213, 1112, and 1008185, plus Education Code, Section 69270.						
I certify that the information I to Applicants."	have provided in my application is correct,	and that I have read the above "Notice				
Signatu	ire	Date				
Please mail this application form with ar	ny attachments to:	For FedEx, UPS, or other courier:				
	ent of Health Services logic Investigation Service	Mr. D.L. Gunter, Program Coordinator California Department of Health Services California Epidemiologic Investigation Service MS-7213 1616 Capitol Ave, Suite 74.317 Sacramento, CA 95814				

In addition, please have official transcripts and letters of recommendation sent directly to the appropriate address above. If you have any questions, please telephone Mr. D.L. Gunter at (916) 552-9920 or e-mail dgunter@dhs.ca.gov. Thank you.